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National Capital Consortium
UNIFORMED SERVICES UNIVERSITY
OF THE HEALTH SCIENCES
F. EDWARD HÉBERT SCHOOL OF MEDICINE
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BETHESDA, MARYLAND 20814-4799

GRADUATE MEDICAL EDUCATION COMMITTEE MEETING

01 August, 1500 Hours
Board of Regent Room, D3001, USUHS

OPEN SESSION MINUTES

The National Capital Consortium Graduate Medical Education Committee met Wednesday, 01 August 2007, 1500 hours. A quorum was present.

OLD BUSINESS:

Approval of Minutes: The minutes from the July 11, 2007 NCC GMEC meeting, were approved as written.

III.B.10.e Continuing Program Director Searches: The following is a list of the ongoing NCC Program Director Searches: NCC Integrated **Transitional Year Residency Program** (Initiated 20 July 07) Pending Search Committee Nominees; **NCC Family Medicine – Psychiatry Residency Program** (Initiated 23 May 07) Pending Board of Director approval of the proposed Nominee request; **NCC Neurosurgery Residency Program** (Initiated 16 May 07) Pending Search Committee Recommendation. Packet Forwarded to the Search Committee on 06 July 07; **NCC Nuclear Medicine Fellowship Program** (Initiated 01 May 07) Pending Board of Director concurrence on the Search Committee Recommendation **NCC Allergy Immunology Fellowship Program** (Initiated 03 April 07) Pending Search Committee Recommendation. Packet Forwarded to the Search Committee on 14 June 07

III.B.10.e Selection for Program Directors: None.

Selection of Associate Program Directors: LCDR Timothy J. Whitman, MC, USN, NCC Infectious Disease Fellowship Program, effective, 17 July 2007

Certificate of Appreciation: None.

The Committee voted without objection to approve the selections.

NEW BUSINESS:

III.B.1 Resident Representative Issues: No issues were raised.

III.B.11 Committee Responsibilities: Dr. Gunderson reported on behalf of the Internal Review Subcommittee. (Attachment1).

1. **Reviews:** None submitted
2. **Follow-up of prior reviews:** Pediatric Hematology-Oncology Program dated 20 June 2007. Text in italics is quoted from the Program directors response.
 - a. Concern 1. "The Committee was particularly concerned about the low volume of new pediatric oncology cases that are available in the DoD hospitals in the National Capital Area (approximately 25 each year).
 - b. Response: *The number of new oncology cases in pediatric patients cared for at WRAMC is stable over the past few years. The last RRC review of the Ped Hem/Onc program in 2004 gave no citations for the low numbers of new cases compared to RRC requirement of 60 new cases per year because of the fellows' experiences with making up for this deficit by clinical rotations at Children's National Medical Center (CNMC) in Pediatric Hematology/Oncology Group. Fellows follow a set of continuity clinic patients and participate fully in their management. They also are directly exposed to and care for all patients on the clinical service by seeing them in the outpatient and inpatient settings, discussing them in management conferences, and covering for them during on-call times.*
 - c. Concern 2: "The Committee members felt the numbers of publication from the department has been low, and addition efforts should be made to bolster research."
 - d. Response: *The NCC Ped Hem/Onc program is a small program with only 4 staff assigned to the fellowship. We currently have only three fellows in training, two being first year clinical fellows who have not started research projects. All graduates have had scholarly activities deemed adequate to grant them entrance to taking the board certifying examination in Ped Hem/Onc. One of these graduates performed his research in the labs of Dr. Neil Young at the NHLBI and the other performed her research with the program at CNMC. The only current senior fellow (a second year) is conducting a basic science project in the lab of Stephen Roberts, MAJ, MC, USA, in the Department of Pediatrics at USUHS. The Program Director listed numerous publications from his program within the past 3 years including at least 17 studies in peer reviewed journals.*
 - e. Concern 3: "The Committee is therefore concerned that there might be less supervision of the trainees at WRAMC than at civilian facilities."
 - f. Response: *In the strengths section of the Internal Review Executive Summary, the Committee indicates a strength of the program as "The trainees seem to have a particularly good relationship with their mentors, and good channels of communication are in place." This statement ...seems to contradict the statement made as a weakness of the program from a supervision standpoint. The fellows do not regard the mentorship and supervision of the staff at WRAMC a deficit, but that the experience at CNMC does not allow for much personal decision making on the part of the fellows because of institutional treatment protocols in place at that institution. Instead, their experience in patient management at WRAMC is more tailored to the individual patient and case through an interactive process of deciding patient management plans directly with the staff attendings. The supervision and mentorship of the fellows in the NCC Ped Hem/Onc program is 24 hours a day, seven days a week for clinical coverage of the service. There is always staff attending coverage with the fellow for on-call responsibilities. Responsibilities of the staff and fellows regarding patient care and supervision is well spelled out in the programs Policies & Guidelines and Goals & Objectives for the fellowship.*
 - g. Evaluation
 - i. The Subcommittee considered the issues to be well addressed.
 - ii. The subcommittee recommended no further action

III.B.8

3. ACGME Correspondence:
 - a. The Progress report on the Institutional Review has been submitted to the ACGME based on the draft circulated at the last GMEC meeting.

- b. The NNMC Surgery Program was reaccredited for three years
 - i. They were complimented on substantial compliance with requirements.
 - ii. Internal Review required December 2008
- 4. Internal review administrative matters:
 - a. Internal Review Chairpersons are needed for the remainder of the year and for 2008.
 - b. There was extensive discussion on the amount of material that should appear in our minutes and be abstracted in the Internal Review document. It was decided that although more material should be included, it should be edited for brevity.
- 5. The next Subcommittee meeting is scheduled for 29 Aug 2007 at 1500 location to be determined.

The GME unanimously voted to accept the Subcommittee's report.

III.B.4.b Resident Work Hours Surveys: Dr Fauver reminded the Orthopaedics, Otolaryngology, Anesthesiology, and General Surgery Program Directors that they are to provide an update on the progress they have made in regards to resident work hours. CDR McGuigan reported that she had met with the NNMC Surgery residents and that the General Surgery Program has made a number of significant changes to their problematic rotations to include adding an extra resident for two of their rotations and the greatest frequency of call is now a Q4. She believes the additional changes will bring them into sustainable compliance.

III.B.6 Competencies Committee: MAJ Klote reported that the committee met prior to the GMEC and discussed outcomes. She noted that the committee met earlier this year in June to discuss the development of competency goals and objectives for each program's rotations by level of training. The next step is for the Program Director to show how he or she is meeting the goals and objectives of the rotation and also how they are being documented.

III.B.10.b Temporary increase in Residency Complement: On behalf of COL Turiansky, MC, USA, Dermatology Program Director, LCDR Jonathan Bingham, Associate Program Director, requested a onetime temporary increase in the Dermatology residency complement for the academic year beginning the summer of 2008. The GMEC approved the request.

III.B.10.b Increase in Resident Complement: CAPT Dwyer, MC, USN, requested an increase in resident complement from 40 due to 42 due to the addition of an Air Force resident from Keesler Air Force Base as a result of Hurricane Katrina. Another resident had a family emergency during his residency training which required a leave of absence and additional time in training to achieve competence required at his PGY level. The GMEC approved the request.

GMEOne.com: Dr Fauver presented a list of pros and cons which were developed by CDR Hebert regarding the GMEOne software in an effort to assist the GMEC in deciding which program would best suite the needs of the NCC programs to better monitor work hours. After much discussion, Dr Fauver requested that additional suggestions or comments be forwarded to him or CDR Hebert for consideration.

III.B.10.d MOUs: Reminder that all new proposals should identify additional funding requirements, including anticipated TDY expenses.

III.B.10.d

- Proposed agreement with the Navy Environmental and Preventive Medicine Unit Two, Norfolk, Virginia. This agreement would allow physicians in the Consortium's General Preventive Medicine Residency Program to receive clinical training at NEPMU 2. NCC.07.124, Col R. Dana Bradshaw, USAF, MC.

- Proposed agreement with Womack Army Medical Center, Fort Bragg. This agreement would allow a physician in the Consortium's Psychiatry Residency Program, to receive clinical training at WAMC during the period from 20 August through 1 September 2007. NCC.07.129, Scott Moran, MAJ, MC, USA
- Proposed agreement with the Austen Riggs Center in Stockbridge, Massachusetts. This agreement would allow a physician in the Consortium's Psychiatry Residency Program, to receive clinical training at the Center during the period from 3 through 14 September 2007. NCC.07.130, Scott Moran, MAJ, MC, USA
- Proposed agreement with the Johns Hopkins Medical Institutions. This agreement, another version of which you saw last year, would allow physicians in the Consortium's Radiation Oncology Residency Program to receive clinical training at Johns Hopkins. NCC.07.143, David R. Gius M.D. Ph.D.
- Proposed agreement with the Suburban Hospital in Bethesda. This agreement would allow physicians in the Consortium's Radiation Oncology Residency Program to receive clinical training at Suburban. NCC.07.133, David R. Gius M.D. Ph.D.
- PROPOSED: agreement with the Clifton T. Perkins Hospital Center in Jessup, Maryland. This agreement renews an agreement with the Hospital that expires in late August, 2007. The agreement has allowed physicians in the Consortium's Forensic Psychiatry Fellowship Program to receive clinical training at the Hospital. NCC.07.134
- PROPOSED: agreement with the Tripler Army Medical Center. This agreement would allow Army Captain Nathan E. Hartvigsen, a physician in Tripler's Psychiatry Residency program, to receive clinical training with the Consortium's Forensic Psychiatry Fellowship Program during the period from 23 August through 19 September 2007, NCC.07.137, Christopher L. Lange, MAJ, MS, USA.

The Committee voted unanimously to approve the MOUs.

INFORMATION ITEMS:

- **Next Internal Review Subcommittee Meeting:** August 29, 2007, Location to be determined
- **Next GMEC Meeting:** September 5, 2007, 1500 Hours, Board of Regents, USU
- **Next Core Competency Committee Meeting:** September 5, 2007, 1400 hours, Board of Regents, Bldg D3001, USUHS
- **Last Day for submission of FY07 Credit Card Purchases; Travel Orders, and Visa checks:** 7 September 07
- **Defense Travel System (DTS)** – Is expected to be online in the near future. More information will be presented as it becomes available.
- **Faculty Development:** January 2008, Simulation Center
- **Annual ACGME Conference Early Bird Registration:** POC Ms Sha-Ron Nimmons, snimmons@usuhs.mil
- **Submission of Training Agreements for Incoming Trainees:** POC Ms Diane Demmings, ddemmings@usuhs.mil or 301-295-3445
- **Allied Health Subcommittee of the GMEC (AHSG):** 19 September 2007, 2:00 p.m., Board of Regents, USU
- **Next Executive Committee Meeting:** TBD


- **Next Executive Committee Meeting:** TBD
- **Next Board of Director's Meeting:** TBD
- **Joint Selection Board:** 26-30 November 2007

ITEMS FROM THE FLOOR:

- **Ms Stephenye Tyler's** last day in the office will be August 18th. Her official separation date is September 1, 2007.

The meeting adjourned at 1555 hours.

A Closed Session followed


Howard E. Fauver, Jr., M.D.
Administrative Director

Note: Reference in the left margin represents functional area of responsibility of the Graduate Medical Education Committee. Attached to these minutes are definitions of the eleven areas.

GMEC Responsibilities

III. B.

- 1. Policies and procedures on education and work environment**
- 2. Review stipends, funding**
- 3. Liaison with PDs and personnel in affiliated institutions**
- 4. Formal written policies on work hours**
 - a. Program policies on work hours**
 - i. Monitor service component, fatigue, and backup support**
 - ii. Focus on patient care, continuity, and quality of education**
 - b. Procedures to monitor duty hours**
 - c. Procedures for 10% exception on duty hours**
- 5. Appropriate supervision**
 - a. Progressive responsibility**
 - b. Supervision readily available when on call**
 - c. Teaching staff determines level of responsibility**
- 6. Curriculum and evaluation system to support teaching of the general competencies**
- 7. Policies for selection, evaluation, promotion, and dismissal of residents**
- 8. Review accreditation letters and monitor action plans**
- 9. Review Institutional Letter of Report and corrective actions**
- 10. Review and approve:**
 - a. New program applications**
 - b. Changes in resident complement**
 - c. Major changes in program structure or length**
 - d. Additions or deletions of participating institutions**
 - e. Appointments of new Program Directors**
 - f. Progress reports to any RRC**
 - g. Responses to proposed adverse actions**
 - h. Requests for increases or changes in duty hours**
 - i. Requests for inactive or reactivation status**
 - j. Requests for voluntary withdrawals of programs**
 - k. Requests for appeal of adverse action**
 - l. Appeal presentations to the ACGME**
- 11. Internal reviews**